### FORM D

Notice of Exempt
Offei sig of Securities

SEC1972 (09/08)

## **U.S. Securities and Exchange Commission**

Washington, DC 20549

(See instructions beginning on page 5)

OMB APPROVAL
OMB Number: 3235-0076

Expires: December 31, 2008

Estimated average burden hours per response: 4.00

Form D 1

Intentional misstatements or or comments of the second sec	missions of fact const	itute federal criminal vio	lations. See 18 U.S.C. 1001.
Mame of Issuer	One days No. 12	57 N	Entity Type (Select one)
Decision Sciences Corporation	Previous Name(s)	None	✓ Corporation
Jurisdiction of Incorporation/Organization			Limited Partnership
California		ROCES	SCD Limited Liability Company
Camorna		*7	General Partnership
Year of Incorporation/Organization (Select one)		<u> </u>	Business Trust  Other (Specify)
Over Five Years Ago Within Last Five Years (specify year)		t to BeTHOMSON [	
If more than one issuer is filing this notice, check thi	is box 🔲 and identify	additional issuer(s) by a	nttaching Items 1 and 2 Continuation Page(s).
tem 2. Principal Place of Business and C	ontact Informat	ion	SEC
Street Address 1		Street Address 2	JAN 0 6 2009
3870 Murphy Canyon Road, Suite 106			
	/D	7(0/0 1 C 1 -	d Wash in in
	/Province/Country	ZIP/Postal Code	858.571.1900
San Diego , CA	. <u></u>	92123	858.571.1900
em 3. Related Persons			· · · · · · · · · · · · · · · · · · ·
Last Name	First Name		Middle Name
Colthart	James		Myron
Street Address 1		Street Address 2	
3870 Murphy Canyon Road, Suite 106			
<u> </u>	Province/Country	ZIP/Postal Code	A ARBAN PRINT FAND RESPONDED A BARBA NOVO ARABA (NOVO PREFE
San Diego CA		92123	174401 1844 1490 1840 1840 1840 1840 1840 1844 1846 1947 1846
			LOTING CONT. THE OTHER CONT. WIN THE WAY ALL IN
Relationship(s): X Executive Officer Dire	ector Promoter		
Clarification of Response (if Necessary) Vice Pres	ident of Operations	<u> </u>	
(Identify add tem 4. Industry Group (Select one)	itional related person	s by checking this box 🛭	and attaching Item 3 Continuation Page(s,
○ Agriculture	Business	s Services	Construction
Banking and Financial Services  Commercial Banking	Energy Clean	tric Utilities	REITS & Finance
Insurance	Ÿ	gy Conservation	Residential Other Real Fatter
Investing	~	Mining	Other Real Estate
Investment Banking	<u> </u>	ronmental Services	Retailing
Pooled Investment Fund	Oil 8	a Gas	<ul><li>Restaurants</li><li>Technology</li></ul>
If selecting this industry group, also select one f	fund Othe	r Energy	Computers
type below and answer the question below:  Hedge Fund	Health C		Telecommunications
Private Equity Fund	$\subseteq$	echnology th Insurance	<ul><li>Other Technology</li></ul>
Venture Capital Fund	$\overline{}$	oitals & Physcians	Travel
Other Investment Fund		maceuticals	Airlines & Airports
Is the issuer registered as an investment	. Othe	r Health Care	Conventions
company under the Investment Company Act of 1940? Yes No	′ ⊝ Manufac	cturing	Tourism & Travel Services Other Travel
Other Banking & Financial Services	Real Esta		
· · · · · · · · · · · · · · · · · · ·	Com	mercial	Other

F	O	R	Ν	1	D
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Item 5. Issuer Size (Select one)		
Revenue Range (for issuer not specifying "hedge" or "other investment" fund in Item 4 above)		Aggregate Net Asset Value Range (for issuer specifying "hedge" or "other investment" fund in Item 4 above)
No Revenues	OR	No Aggregate Net Asset Value
<ul><li>\$1 - \$1,000,000</li></ul>		\$1-\$5,000,000
\$1,000,001 - \$5,000,000		O 05 000 001 635 000 000
\$5,000,001 - \$25,000,000		
		\$25,000,001 - \$50,000,000
		\$50,000,001 - \$100,000,000
Over \$100,000,000		Over \$100,000,000
O Decline to Disclose		O Decline to Disclose
Not Applicable		Not Applicable
item 6. Federal Exemptions and Exclusions Cla	aimed (Se	lect all that apply)
•	nvestment Com	pany Act Section 3(c)
Rule 504(b)(1) (not (i), (ii) or (iii))	Section 3(	c)(1) Section 3(c)(9)
Rule 504(b)(1)(i)	Section 3(d	c)(2) Section 3(c)(10)
Rule 504(b)(1)(ii)	Section 3(d	c)(3) Section 3(c)(11)
Rule 504(b)(1)(iii)	Section 3(	c)(4) Section 3(c)(12)
Rule 505	 ☐ Section 3(	<b>_</b>
☐ Rule 506	Section 3(	د)(د)
Securities Act Section 4(6)	Section 3(	
· ·		
Item 7. Type of Filing		
New Notice OR	nt	
	_	
Date of First Sale in this Offering: 5/18/07	OR 📙	First Sale Yet to Occur
Item 8. Duration of Offering		
Does the issuer intend this offering to last more than	n one year?	☐ Yes ☐ No
Item 9. Type(s) of Securities Offered (Select	all that app	ly)
<b>▼</b> Equity		Investment Fund Interests
□ Dobt	☐ Tenant	t-in-Common Securities
Debt	Minera	al Property Securities
Option, Warrant or Other Right to Acquire Another Security		Describe)
Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security		
Item 10. Business Combination Transaction		
Is this offering being made in connection with a busin transaction, such as a merger, acquisition or exchange offer.		on Yes No
Clarification of Response (if Necessary)		
1		

# FORM D

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Item 11. Minimum Investment	
Minimum investment accepted from any outside investor \$	6,000
Item 12. Sales Compensation	
Recipient	Recipient CRD Number
Ron Rebholz	☐ No CRD Number
(Associated) Broker or Dealer None	(Associated) Broker or Dealer CRD Number
	☐ No CRD Number
Street Address 1	Street Address 2
3214 Leafy Lane	
City State/Province/	
Bloomington	61704
X   IL	CT         DE         DC         FL         GA         HI         ID           ME         MD         MA         MI         MN         MS         MO           NY         NC         ND         OH         OK         OR         PA           VT         VA         WA         WV         WI         WY         PR           on by checking this box         and attaching Item 12 Continuation Page(s).
Item 13. Offering and Sales Amounts	
(a) Total Offering Amount \$ 3,541,000	OR Indefinite
(b) Total Amount Sold , \$ 3,541,000	
(c) Total Remaining to be Sold (Subtract (a) from (b)) Clarification of Response (if Necessary)	OR Indefinite
Item 14. Investors	
Check this box if securities in the offering have been or may be so number of such non-accredited investors who already have invested	old to persons who do not qualify as accredited investors, and enter the lin the offering:
Enter the total number of investors who already have invested in the	e offering: 10
Item 15. Sales Commissions and Finders' Fees Exp	enses
Provide separately the amounts of sales commissions and finders' fe check the box next to the amount.	es expenses, if any. If an amount is not known, provide an estimate and
Sa	ales Commissions \$ Estimate
Clarification of Response (if Necessary)	Finders' Fees \$ 225,000 Estimate

FORM D

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tem 16. Use of Proceeds	·
Provide the amount of the gross proceeds of the offering that has been or is used for payments to any of the persons required to be named as explications or promoters in response to Item 3 above. If the amount is unknown and check the box next to the amount.	xecutive officers, \$ 225,000
Clarification of Response (if Necessary)	
ı	
Signature and Submission	
	Ferms of Submission below before signing and submitting this notice.
Terms of Submission. In Submitting this notice, each ide	entified issuer is:
Notifying the SEC and/or each State in which this not	tice is filed of the offering of securities described and
undertaking to furnish them, upon written request, in accorda	
	EC and the Securities Administrator or other legally designated officer of
	isiness and any State in which this notice is filed, as its agents for service of
	on its behalf, of any notice, process or pleading, and further agreeing that
	y Federal or state action, administrative proceeding, or arbitration brought
	United States, if the action, proceeding or arbitration (a) arises out of any
<del>-</del>	subject of this notice, and (b) is founded, directly or indirectly, upon the
	ange Act of 1934, the Trust Indenture Act of 1939, the Investment
	or any rule or regulation under any of these statutes; or (ii) the laws of the
State in which the issuer maintains its principal place of busine	ess or any State in which this notice is filed.
Certifying that, if the issuer is claiming a Rule 505 exe	emption, the issuer is not disqualified from relying on Rule 505 for one of
the reasons stated in Rule 505(b)(2)(iii).	
,	
110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States to requi "covered securities" for purposes of NSMIA, whether in all instances or	ional Securities Markets Improvement Act of 1996 ("NSMIA") (Pub. L. No. 104-290, ire information. As a result, if the securities that are the subject of this Form D are r due to the nature of the offering that is the subject of this Form D, States cannot is and can require offering materials only to the extent NSMIA permits them to do
Each identified issuer has read this notice, knows the contents undersigned duly authorized person. (Check this box and in Item 1 above but not represented by signer below.)	to be true, and has duly caused this notice to be signed on its behalf by the I attach Signature Continuation Pages for signatures of issuers identified
Issuer(s)	Name of Signer
Decision Sciences Corporation,	James M. Colthart
Signature .	Title
	Vice President of Operation
	Date
Nymber of continuation pages attached:	12-19-08

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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#### **Item 3 Continuation Page**

Item 3. Related Persons (Continued) Last Name First Name Middle Name Smith Richard Alan Street Address 2 Street Address 1 4150 Palisades Road State/Province/Country ZIP/Postal Code 92116 San Diego Relationship(s): □ Executive Officer □ Director □ Promoter Clarification of Response (if Necessary) | President and CEO Last Name Middle Name First Name Scott Larry Street Address 2 Street Address 1 9015 Cypress Court State/Province/Country ZIP/Postal Code City 60477 Tinley Park Relationship(s): Executive Officer Director Promoter Clarification of Response (if Necessary) Middle Name Last Name First Name Sloan Craig Street Address 2 Street Address 1 2150 Duclair Drive City State/Province/Country ZIP/Postal Code 62521 Decatur ☐ Executive Officer ☐ Director ☐ Promoter Relationship(s): Clarification of Response (if Necessary) Middle Name **Last Name** First Name Street Address 2 Street Address 1 State/Province/Country City ZIP/Postal Code Executive Officer Director Promoter Relationship(s): Clarification of Response (if Necessary)

(Copy and use additional copies of this pige as necessary.